



The Mediating Role of Self-Acceptance in the Psychological Distress of Sexual Minority Students on Christian College Campuses

Janet B. Dean¹, Stephen P. Stratton², and Mark A. Yarhouse³

¹ Department of Psychology, Asbury University

² Asbury Theological Seminary

³ Wheaton College

Sexual minorities who also identify as religious face unique challenges while being a part of faith-based college campus communities in which specific behavior proscriptions are present. One hundred and sixty sexual minority students from 15 Christian colleges and universities in which a staff member was affiliated with the Association for Christians in Student Development participated in the online survey. Results suggest that these campus settings are experienced differently by sexual minority students in terms of how they approach the relationship between their religious/spiritual identity and their sexual identity. Perhaps surprisingly, about half of this sample reported no or only mild psychological distress, and only 9.4% reported elevated distress. Intrinsic religiosity, organizational religiosity, and social support from heterosexual friends were found to be predictors of psychological distress in sexual minority students at Christian colleges. Further, the predictive relationships of intrinsic religiosity and general social support to psychological distress was mediated by self-acceptance.

Keywords: sexual identity, intrinsic religiosity, social support, self-acceptance, psychological distress, college students

Q1

The transition to college and one's years in college encompass a significant developmental period for those emerging adults who pursue higher education. While the various events of this developmental stage have differential effects on psychological adjustment (Luhmann et al., 2013), some events are particularly pivotal, having influence on students' mental health well beyond their college years (Azmitia et al., 2013). The most critical and impactful events are those that intersect with the developmental tasks of emerging adults: the exploration of identity, the formation of a strong sense of self, and the cultivation of intimate relationships (Arnett,

2000; Kroger & Marcia, 2011; Pascarella & Terenzini, 2005). How students form narratives about the self within these life events, particularly within romantic relationships and academics, significantly predicts life satisfaction (Lilgendaal & McLean, 2019). These narratives, and the context within which these narratives are formed, may challenge or support one's sense of self and way of being in the world (Lilgendaal & McLean, 2019; McLean et al., 2007).

For sexual minorities (SMs), that is, people who experience same-sex attraction (SSA) independent of sexual behaviors or use of specific identity labels (Diamond, 2007), the sexual identity development literature points to common milestone events in the formation of identity. Common milestones include first experiences and awareness of same-sex sexuality, initial attributions of what same-sex sexuality means in terms of SM status, first experience of sexual behavior, first disclosure of SM status to another, first use of private or public sexual identity labels (e.g., gay, lesbian, bisexual), and first same-sex

Janet B. Dean  <https://orcid.org/0000-0001-9142-8827>
Stephen P. Stratton  <https://orcid.org/0000-0001-5803-3241>

We have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Janet B. Dean, Department of Psychology, Asbury University, 1 Macklem Dr., Wilmore, KY 40390, United States. Email: janet.dean@asbury.edu

romantic relationship (see Katz-Wise et al., 2017; Savin-Williams & Cohen, 2004; Savin-Williams & Diamond, 2000; Yarhouse, 2001). Not all developmental milestones are experienced by all SMs, but many milestones are, and milestones are navigated in the sociocultural context in which SMs are located, including family, peer group, ethnic, cultural and religious communities, educational environment, and so on (Katz-Wise et al., 2017; Yarhouse, 2001).

While the campus environment creates a rich context for this kind of identity and relationship development, this context may be problematic when it is not supportive of students' particular developmental journeys as SM students often experience. Despite increased visibility on U.S. university and college campuses over the past 10 years, with greater access to campus resources, more inclusive campus policies, and improved campus climate (Rankin et al., 2019), SM students continue to face many difficulties across multiple aspects of campus life, including housing policies, classroom environments, and the presence of microaggressions, that is, subtle, unintentional, or indirect derogatory comments about the LGB community (e.g., the use of "that's so gay" to convey "stupidity") (Craig et al., 2017; Rankin et al., 2010, 2019; Sue, 2010; Watson et al., 2012; cf., Coley, 2018). These difficulties can create a problematic, and even hostile, campus climate for SM students even in the absence of overt victimization (Woodford et al., 2014). SM students, in fact, do report greater levels of psychological distress, including social anxiety, depression, and eating concerns, than heterosexual students [Center for Collegiate Mental Health (CCMH), 2015; Meyer, 1995; Woodford et al., 2014]. When it comes to faith-based higher education, regular and frequent perceptions of one's poor fit within a religious community with heterosexual expectations (Meyer, 1995, 2003; Meyer et al., 2011) may create an environment with the potential to negatively affect students' self-evaluations, impairing their constructions of relational and academic narratives key to identity exploration and psychological adjustment (Meyer, 2003; Nadal et al., 2011).

Self-Acceptance as Mediating Factor

SM students who have a sense of being accepted and supported on their campuses

seem to fare better than their peers. Both perceived social support and inclusiveness for SM students seem to lessen the frequency of microaggressions, verbal threats, and avoidance behavior, attenuating the effects of subtle heterosexism on college campuses (Hong et al., 2016).

Given that studies have found family support contributes to increased self-esteem and better mental health in SM youth (Hershberger & D'Augelli, 1995; van Bergen & Spiegel, 2014), external acceptance by one's campus community (i.e., support groups, resources, antidiscrimination policies, etc.) is likely to promote self-acceptance, an important factor in resilience, and thereby lessen the impact of subtle heterosexism and microaggressions. Woodford et al. (2014) found SM students' self-acceptance, measured as self-esteem and LGBTQ+ pride, mitigated the effects of discrimination, reducing any ensuing psychological distress (see also, Díaz et al., 2001; Szymanski, 2009; Waldo et al., 1998).

Exploration of the impact of self-acceptance on identity formation in religious or faith-based communities is relatively new even though the significance of self-acceptance for resilience among SMs has been increasingly noted in the research literature. In one of the few studies of sexuality and religious/spiritual (R/S) with self-acceptance as a variable, Joseph and Cranney (2017) noted that active members of the Church of Jesus Christ of Latter-Day Saints reported lower gay identity acceptance than former members. However, both active and former members reported the same level of self-esteem on average. Finding esteem and self-acceptance appear to be more complex in terms of the assimilating effects that are implicitly and explicitly promoted within faith-based higher education.

The Intersection of Sexual Identity and Traditional Christian Faith

Cole (2009) highlighted the complexity of living at the convergence of multiple identities. This kind of "intersectionality," in which awareness, experiences, and opportunities are impacted by living in more than one of these social and cultural categories, contributes to a presumably more complicated identity development process for those living in these overlapping social worlds. SM students at Christian colleges and universities, which espouse a traditional orthodox

Christian sexual ethos (which we will refer to as traditional Christian colleges and universities or TCCUs), live within the intersectionality of sexual identity and R/S identity. Students themselves experience varying levels of both SSA and faith (Yarhouse et al., 2018), and they find themselves at faith-based institutions which hold theological perspectives and related behavioral expectations that limit sexual behaviors outside of marriage between a man and a woman, thereby putting limits on sexual exploration.

Sexual Identity and Personal Faith

Given the incompatibility often perceived between a more traditional Christian faith and sexual identity for SMs, a great deal of research has explored the potential negative mental health consequences. In general, adolescent and young adult SMs are likely to show poorer psychological well-being (Meanley et al., 2016) and elevated levels of psychological distress (Lefevor et al., 2017; Wilkinson & Pearson, 2009), and tend to present at counseling centers with greater distress than their heterosexual peers (Lefevor et al., 2017). More specifically, they tend to experience greater levels of depression (D'Augelli, 2002; Foster et al., 2011; Marshal et al., 2011; Ream & Savin-Williams, 2005; Silenzio et al., 2007), lower self-esteem (Foster et al., 2011; Ream & Savin-Williams, 2005), and increased risk of suicidal ideation and behaviors (D'Augelli, 2002; Marshal et al., 2011; McDermott et al., 2018; O'Donnell et al., 2004; Ryan et al., 2009; Silenzio et al., 2007).

These potential negative outcomes are often attributed to the conflict between faith and same-sex sexuality. Schuck and Liddle (2001) found that two-thirds of their 66 SM adults experienced conflict between religion and sexual orientation; this conflict stemmed from denominational teachings, scriptural passages, and congregational prejudice. By condemning same-sex sexual behavior (SSB), these religious beliefs and the associated practices may lead to SMs experiencing discrimination and rejection within the church (Altman et al., 2012; Foster et al., 2011; Meyer, 2003; Quinn et al., 2016; Ream, 2001; Schuck & Liddle, 2001; Yip, 2004). This climate may lead SMs to view themselves in the same negative light (Barnes & Meyer, 2012; Page et al., 2013; Ream & Savin-Williams, 2005; Yip, 1998),

particularly if they report high levels of religiosity (Szymanski & Carretta, 2019).

Sexual Identity and the Christian College Campus

The typical TCCU climate is taxing for SM students navigating sexual identity questions (Stratton et al., 2013; Watson et al., 2012; Yarhouse et al., 2009). These identity conflicts may be related to information given at the time of enrollment, institutional culture and associated values, and policies that include institutional codes of conduct (Wentz & Wessel, 2011). Even so, as is also found on secular campuses, micro-aggressions among fellow students (less so among faculty or staff) seem to set the tone of the negative climate of these faith-based institutions (Watson et al., 2012; Yarhouse et al., 2009). This subtle heterosexism is likely to affect psychological health and emotional well-being of SMs adversely at TCCUs just as it does on other campuses, if not to a greater degree (Rankin et al., 2010, 2019).

Mental health concerns were explored by Wolff et al. (2016) in a large nationwide anonymous survey of SMs attending faith-based universities with a traditional orthodox Christian sexual ethos. This nonrandom, purposive sample of SM students reported moderate psychological distress across most symptom categories, including substance abuse, generalized anxiety, academic distress, and hostility, as the authors expected. These students also reported moderate elevations in depression, social anxiety, and eating concerns, which was lower than what these researchers anticipated. Moderate distress, according to the primary outcome measure of the study [Counseling Center Assessment of Psychological Symptoms (CCAPS), 2015] suggests that students have noteworthy symptoms related to the identified categories but are probably not indicative of a clinical diagnosis. While the predictions of Wolff et al. were partially supported, it remains unclear based on the presented average scores as to what percentage of students fall in each of the three distress levels. Most importantly, for purposes of the current study, the large standard deviations present a picture in which there is significant variability in distress across students, with some functioning with low distress, while others show marked and high distress. Q2

A mean score alone does not provide enough information to describe this diverse sample.

Given the more restrictive policies and behavioral expectations regarding sexuality at Evangelical and Latter-Day Saints' colleges and universities, and the threat of potential punishment for violating these standards of behavior (Wolff & Himes, 2010), Wolff et al. (2016) also predicted that SM students attending less affirming institutions would exhibit even higher levels of psychological distress than those attending other faith-based institutions in the sample. However, this hypothesis was not supported, even though these students did report more difficulty in sexual identity processes.

One area related to sexual identity development that did not show significant differences was found in students' outness about their sexual orientation (Wolff et al., 2016). Students at Evangelical and Latter-Day Saints' schools were as equally open as their peers at other faith-based institutions. More than half had come out to a peer, and more than two-thirds had come out to a roommate. As Wolff et al. noted, this openness suggests some degree of comfort and perceived support amid distress within their campus communities and speaks to the tangled dynamics that appear to be present in faith-based institutions. SM students do not seem to be monolithic in their beliefs and values, nor in their experiences.

Other research explicitly affirms this coexistence of negative and positive experiences, as well as differential impact on students, in TCCUs (Yarhouse et al., 2009, 2018). For example, Yarhouse et al. (2018) found students go through periods of settledness and unsettledness regarding faith and sexuality across their collegiate experience. Perhaps TCCUs are unique settings that can both hinder and foster development for students navigating sexual and R/S identities. It seems reasonable that these unique educational environments can be evaluated by SM students, depending on the degree of settledness with faith, sexuality, or both, as a hindrance when less settled or a help when more settled. What appears to be true about this complicated environment is that the intersection of sexual and R/S identities creates a positive synergy (Rosenkrantz et al., 2016) that can be formative when engaged strategically. This formative process may allow students to create richer, more complex personal narratives.

A More Complex Understanding of Faith and Sexual Identity

The discussion above suggests the relationship between R/S and sexual identities is more complex than initially anticipated for SM students at TCCUs. Some are doing very poorly with psychological distress warranting clinical concern; others show moderate levels of distress, and still others are doing quite well (Wolff et al., 2016; Yarhouse et al., 2018). Religion may be experienced in a wide variety of ways: protective and helpful to some, and challenging and harmful to others. There is a great deal of diversity among these students (Effrig et al., 2014); there is no simple narrative that can account for the variance. To understand any one student's experience, multiple interacting factors must be considered, including their own sexual identity development, the campus climate, and students' own faith journeys.

SMs of faith are likely to have better outcomes when they are given opportunities to integrate their faith and sexual identities together. Meanley et al. (2016) suggested SMs would psychologically benefit from more attention given to their religious and spiritual needs, particularly through assisting them to navigate these conflicting identities. Most Christian SM college students prefer to find a way to hold their R/S and their sexual identities together, rather than rejecting either of them (Yarhouse et al., 2018), and they do this in a variety of ways, sometimes with sexual identity dictating faith, faith dictating sexual identity, or an equally reciprocal interdependence between the two (Yarhouse et al., 2018) [see also Chestna (2016), who explored how Catholic lesbians navigate these conflicting identities through a variety of coping styles, both positive and negative, until they are able to form a personal narrative that accepts and integrates both of these identities].

The Current Study

The current study therefore further explored the complex relationship between faith and sexual identity and its implications for psychological health within the Christian college environment. First, given the findings of Wolff et al. (2016), the SM students in this study were expected to report moderately high levels of psychological distress; however, students were anticipated to show quite

a range of distress, with some doing poorly and some doing well. The second hypothesis anticipated differences in psychological distress would be related to students' levels of religiosity, perceptions of campus climate and social support, personal views of the acceptability of SSB, and degree of SSA. Finally, similar to the findings of [Woodford et al. \(2014\)](#), self-acceptance was expected to mediate the relationships between each of the predicting variables and students' psychological outcomes. This included the relationship between intrinsic religiosity (IR), that is, the degree to which they live their lives according to their faith, and psychological distress, which [Yarhouse et al. \(2018\)](#) found to be negatively correlated in a sample of SM college students.

Method

Participants were recruited through student development officers affiliated with the Association for Christians in Student Development (ACSD). While 40 schools initially showed interest, only 15 institutions, broadly distributed across the U.S., participated. All of the participating TCCUs hold restrictions on SSB. Campus personnel only assisted in initially announcing the study to students in their chapel services; they had no other contact with students. After the announcement, all students received an email inviting their participation.

An initial combined sample of 807 students from these institutions responded by going to the online survey. Of these, 24.7% ($n = 199$) closed out of the survey before answering any questions. Another 49.9% ($n = 403$) were disqualified from participating because they indicated they did not meet the inclusion criteria: (a) the experience SSA ($n = 374$), (b) identifying as a Christian ($n = 13$), or (c) attending a Christian college or university ($n = 6$). This degree of initial attrition was expected given the high level of interest in sexual identity issues among college students, most of whom were not SMs.

Another 10 students (1.2%) were disqualified due to nonsensical contact information, which was required due to the longitudinal nature of this study and may indicate some hesitation to share identifying information. Of those who participated to some degree, 5.4% ($n = 45$) completed less than a majority of the items likely due to the length of the survey.

The final sample of 160 students (19.8% of initial responders) looked similar to the typical population across TCCUs, except with regard to gender. The gender distribution included 45% female respondents ($n = 72$), 51% male respondents ($n = 81$), and 4% respondents indicating "other" (i.e., transgender, $n = 2$, genderfluid, $n = 2$, genderqueer, $n = 1$, agender, $n = 1$, unknown, $n = 1$). Their average reported age was 21.4 years ($SD = 4.58$). Respondents tended to identify as single, never married (94%). Junior and seniors were over-represented (freshmen, 16%, sophomores, 20%, juniors, 22%, seniors, 33%, fifth-year seniors, 2%, and graduate students, 6%). The ethnic/racial make-up of the sample was primarily Caucasian/White (81%) with 7% being African-American, 4% Hispanic/Latinx, and 3% Asian/Pacific Islander. Likewise, participants lived broadly across the U.S., with 30 from the East (18.8%), 43 from the Midwest (26.9%), 36 from the Central (22.5%), 32 from the South (20.0%), and 16 from the West (10.0%), with one from outside the U.S. and two unknown.

While all experienced some SSA, participants varied in their use of sexual identity labels. Half of the students reported having a public identity as heterosexual ($n = 80$, 50.0%), yet only 5.6% ($n = 9$) identified as such privately. Conversely, 46.9% ($n = 75$) privately held a gay, lesbian, or bisexual identity.

Research Design

The current study is based on data from the first year of a 4-year longitudinal study. Due to the longitudinal nature, participants were required to provide their names and contact information. This was explained in the informed consent to students, and participating institutions were informed they would not receive any specific information about their participating students, not even the number participating. This study was approved by the Institutional Review Boards at all three of the authors' primary institutions.

Survey

The 35-page (i.e., screen) online survey was administered through SurveyMonkey™ with encryption for data collection. Based upon a previously published survey used in two national studies of SMs as TCCUs ([Stratton et al., 2013](#);

Yarhouse et al., 2009), this survey focused on participants' sexual identity development, campus climate, and social support from family, church, professors and college staff, heterosexual friends, and SM friends. As part of the on-line assessment experience, the survey contained specific original items in corresponding sections as well as established measures from previous research. The established measures are described below.

***Yarhouse Sexual Orientation Thermometer
(Jones & Yarhouse, 2007)***

Participants were asked to rate separately the degree of other-sex attraction (OSA) and the degree of SSA they currently experience. Using 10-point Likert scales, the ratings vary from 1 = *no attraction* to 10 = *strong attraction*. Participants' mean rating for SSA was 8.09 ($SD = 2.23$), suggesting a fairly strong degree of attraction to the same sex. *No SSA* was indicated by 1.3% of the students ($n = 2$), and *strong SSA* was reported by 40% of the sample ($n = 64$). There is no reliability data for this measure.

Counseling Center Assessment of Psychological Symptoms (CCAPS-34; CCMH, 2015)

This abbreviated form of the original CCAPS has 34 items that measure psychological symptoms or distress in college students. Participants indicate the degree to which each item describes them on a 5-point Likert scale, ranging from *not at all like me* (0) to *extremely like me* (4). The current study primarily uses the CCAPS Distress Index, which is an average score across items from multiple symptom categories including Depression, Generalized Anxiety, Social Anxiety, Academic Distress, and Hostility. The Distress Index serves as an omnibus measure of general distress; however, evaluation of subscales facilitates understanding of clients' particular distress in clinical settings. Initial validation research found the CCAPS-34 to have strong convergent validity, good discrimination power, and fair test-retest stability with coefficients ranging from $r = .79$ to $.87$ for 1-week intervals and ranging from $r = .74$ to $.86$ for 2-week intervals (Locke et al., 2012). The Cronbach's alpha for the Distress Index was $.92$, indicating strong internal reliability (CCMH, 2015).

Duke University Religiosity Index (Koenig et al., 1997)

This modified seven-item scale measures frequency of church attendance (one item; organizational religiosity, OR), frequency of three personal religious practices (one item; nonorganizational religiosity, NOR), and personally motivated spirituality (three items; IR). For the OR and NOR scores, participants indicate the frequency of their religious practices using a 6-point Likert scale, ranging from 0 = *never* to 5 = *more than once a week*. For the IR score, participants rated their agreement with three attitudinal statements on a 5-point Likert scale, ranging from *definitely not true* (1) to *definitely true of me* (5). The original Duke University Religiosity Index (DUREL) has good test-retest reliability, internal reliability, factor structure, and convergent validity (Plante et al., 2002; Storch et al., 2004). In the current study, the three IR items had a Cronbach's alpha of $.79$. Participants were divided into groups based on their reported degree of IR. Those scoring between 12 and 15 were assigned to the *High IR* group ($n = 181$, 73.3%), those scoring 7–11 to the *Moderate IR* group ($n = 52$, 21.1%), and those scoring 6 or less to the *Low IR* group ($n = 13$, 5.3%).

Scales of Psychological Well-Being (Ryff & Keyes, 1995)

The Scales of Psychological Well-Being (SPWB) is a self-report scale that measures six dimensions of psychological well-being, although only an abbreviated nine-item self-acceptance subscale was used in the current study. The original scale, with 20 items per subscale, showed strong reliability and validity (Ryff, 1989; Ryff & Keyes, 1995). Participants responded using a 6-point Likert scale, ranging from *strongly disagree* (1) to *strongly agree* (6). This subscale of self-acceptance showed strong internal reliability in the current study (Cronbach's alpha of $.88$).

Results

Overall Psychological Distress

Psychological distress scores were computed from the CCAPS (CCMH, 2015). While the mean distress index score of 1.29 ($SD = .65$; 40.5th

percentile) was in the moderate distress range, nearly half the sample ($n = 79$, 49.4%) fell into the low distress range (below the 37th percentile), indicating minimal to no distress. Another 41.3% ($n = 66$) were in the moderate distress range (37th to 75th percentiles), which suggests the need for further assessment; these scores were consistent with college students seeking mental health treatment (CCMH, 2015). The final 9.4% ($n = 15$) were in the high distress range (75th percentile and above), which suggests elevated distress with increased potential for a mental health diagnosis.

A one-way analysis of variance did not find differences in psychological distress among different SM groups, $F(3, 156) = 1.09, p = .35$, as expected given previous research (Effrig et al., 2014; McAleavy et al., 2011). Heterosexual students ($n = 9; M = 1.04, SD = .56$) reported a similar level of psychological distress as did their bisexual ($n = 46; M = 1.39, SD = .70$), gay and lesbian ($n = 75; M = 1.31, SD = .63$), and questioning/other ($n = 30; M = 1.18, SD = .62$) peers.

Given concern that students who maintain a discrepancy between their private and public sexual identities may have more difficulties on these TCCU campuses, students were categorized as having matched or unmatched private and public identities if they identified as a heterosexual for one of these and as an SM for the other. An independent-samples t test found students with unmatched public and private sexual identities ($n = 73; M = 1.26, SD = .66$) reported distress levels similar to those reported by students with matched public and private sexual identities

($n = 87; M = 1.32, SD = .64$), $t(158) = -.13, p = .89$.

Psychological Symptom Categories

The distributions for each of the symptom categories on the CCAPS-34 (CCMH, 2015) were computed. Using a series of One-Sample Chi-Square Goodness of Fit Tests, only the subscales of Academic Distress, $\chi^2(2) = 10.67, p = .005$, and Hostility, $\chi^2(2) = 8.08, p = .02$, varied significantly from the CCMH (2015) standardized distribution of distress ranges. Specifically, more students ($n = 89$) were in the low distress range than expected ($n_{exp} = 64$, residual = 2.47) on the academic distress subscale. While the overall Hostility subscale differed significantly from expectations, no particular distress category evidenced that difference (Table 1). Q3

Psychological Distress and IR

Further analysis investigated the relationship between IR (Koenig et al., 1997) and psychological distress (CCMH, 2015). Students with high levels of IR ($M = 1.16, SD = .62$) reported a much lower level of overall distress than did those with low levels of IR, ($M = 1.58, SD = .61$), $t(158) = 4.03, p < .001$; in fact, the mean score of those in the low IR group fell at the moderate distress level. The distress levels for the IR groups also were compared to the standardization sample (CCMH, 2015) using a One-Sample Chi-Square Goodness of Fit test against the CCMH percentiles. The overall distress levels (i.e., Distress Index) for both the low IR group

Table 1

Means, Standard Deviations, and Levels of Distress Across Symptom Categories (n = 160)

	<i>M</i> (<i>SD</i>)	Low distress percent	Moderate distress percent	High distress percent	χ^2 (<i>df</i>)
Depression	1.33 (1.02)	44.4	21.9	33.8	3.71 (2)
Generalized anxiety	1.56 (1.03)	41.9	16.3	41.9	.43 (2)
Social anxiety	1.82 (.98)	46.3	27.5	26.3	.95 (2)
Academic distress	1.37 (1.08)	55.6	23.1	21.3	10.67 (2)**
Eating concerns	.95 (1.17)	64.4	13.8	21.9	1.86 (2)
Hostility	.72 (.86)	63.8	19.4	16.9	8.08 (2)*
Alcohol use	.51 (.94)	73.1	14.4	11.3	5.65 (2)
Psychological distress	1.29 (.65)	49.4	41.3	9.4	22.69 (2)***

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

($n = 51$), $\chi^2(2) = 15.6$, $p < .001$, and the high IR group ($n = 109$), $\chi^2(2) = 31.81$, $p < .001$, were found to differ from the comparison sample ($n = 233,615$). Specifically, 56.9% of the low IR group fell into the moderate distress category, which was significantly more than expected compared to the 38.0% of the CCMH sample (residual = 3.07). Also, 60.0% of the high IR group fell into the low distress category, which was significantly more than expected given that 36.0% of the comparison sample was in low distress range (residual = 4). As seen in Figure 1, smaller percentages of both the low IR group (15.7%, residual = -2.02) and the high IR group (6%, residual = -3.92) were in the high distress category than expected given that 26% of the CCMH sample was in this range.

Predicting Psychological Distress

A multiple regression analysis was conducted to determine the best linear combination for predicting psychological distress. The potential predictors included campus view of SSB, OR, IR, NOR, level of SSA, views of the acceptability of SSB, private sexual identity, general social support from various groups, and gender identity. Assumptions of linearity, uncorrelated errors, and normally distributed errors were met. This combination of variables significantly predicted psychological distress, $F(13, 142) = 4.58$, $p < .001$, adjusted $R^2 = .30$, indicating that 29.5% of the variance in psychological distress was accounted for by this model, which is a small

effect (Cohen, 1988). Only four of the variables significantly contributed to the predictive model. As seen in Table 2, the beta weights suggest gender identity, which was dummy coded as cisgender or transgender, contributes the most psychological distress, with OR, IR, and general social support from heterosexual friends also contributing to the prediction.

Further exploration of two of these predictor variables was done through the computation of a series of Pearson product-moment correlation coefficients. IR was positively correlated with OR ($r = .38$, $p < .001$), self-acceptance ($r = .25$, $p = .002$), and perceptions of campus as accepting toward SSB ($r = .16$, $p = .039$); however, as IR increased, students were less likely to view SSB as acceptable ($r = -.31$, $p < .001$).

Perceived social support from heterosexual friends was positively correlated with self-acceptance ($r = .19$, $p = .018$) and perceptions of campus as accepting toward SSB ($r = .19$, $p = .016$). However, only perceptions of support by family ($r = -.40$, $p = .002$), church ($r = -.31$, $p < .001$), faculty and staff ($r = -.31$, $p < .002$), and heterosexual friends ($r = -.26$, $p = .001$) were correlated to distress. Perceived support from SM friends was not correlated to psychological distress ($r = .00$, $p = .997$). Thus, an overall social support measure was averaged across perceived social support of family, church, college faculty and staff, heterosexual friends, and SM friends, and used in later analyses. Perceived social support across all of these supports was positively correlated with self-acceptance

Figure 1
Percentages of Intrinsic Religiosity Groups and CCMH (2015) Sample Across Distress Levels

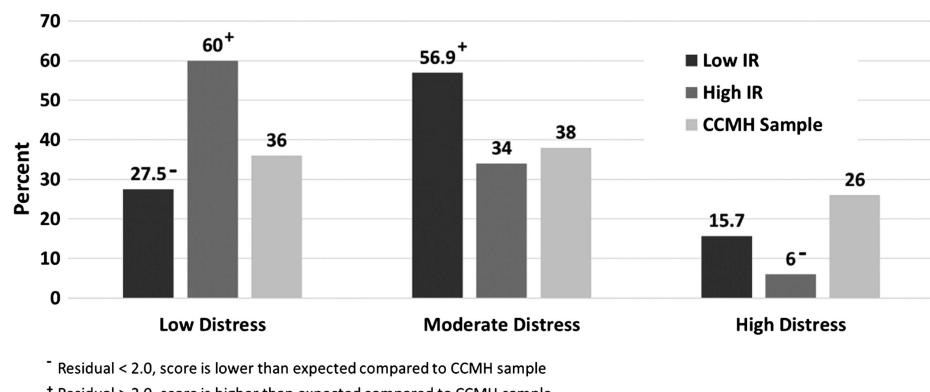


Table 2*Simultaneous Multiple Regression Analysis Summary Predicting Psychological Distress (n = 160)*

	B	SEB	β	t
(Constant)	3.39	.50		6.77***
Gender identity	1.07	.25	.32	4.31***
Social support from heterosexual friends	-.15	.05	-.29	-2.92**
Intrinsic religiosity	-.16	.07	-.22	-2.49**
Organizational religiosity	-.10	.05	-.17	-2.05*
Social support from family	-.05	.03	-.11	-1.32
Acceptability of same-sex sexual behavior	-.07	.06	-.10	-1.07
Nonorganizational religiosity	-.03	.04	-.05	-.62
Same-sex sexual attraction	.01	.02	.05	.61
Social support from sexual minority friends	.02	.05	.04	.42
Social support from church	.01	.04	.03	.33
Private sexual identity	.04	.22	.02	.20
Social support from TCCU faculty/staff	.01	.04	.02	.17
Campus view of same-sex sexual behavior	.01	.06	.01	.02

Note. TCCU: traditional Christian colleges and universities.

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

($r = .25, p < .01$), perceptions of campus as accepting toward SSB ($r = .28, p < .01$), and psychological distress ($r = -.20, p = .013$).

Mediating Role of Self-Acceptance

Self-acceptance was only correlated to psychological distress ($r = -.60, p < .001$) and two of its predictors, IR ($r = .25, p < .01$) and general social support ($r = .25, p < .01$). More specifically, family support ($r = .30, p < .001$), church support ($r = .22, p = .005$), and support of heterosexual friends ($r = .195, p = .02$) were positively correlated to self-acceptance. Self-acceptance was not correlated to the other measures, including SSA ($r = -.07, p = .39$), OSA ($r = .01, p = .86$), OR ($r = .09, p = .25$), campus view of SSB ($r = -.00, p = .96$), and personal views regarding the acceptability of SSB ($r = -.02, p = .77$).

To further explore how self-acceptance may mediate the relationship between psychological distress and its predictors, IR, social support, and OR, in SM students, three simple mediation analyses were performed using PROCESS 2.16.3 (Hayes, 2012). This analysis was not done on gender identity because it was a dichotomous variable.

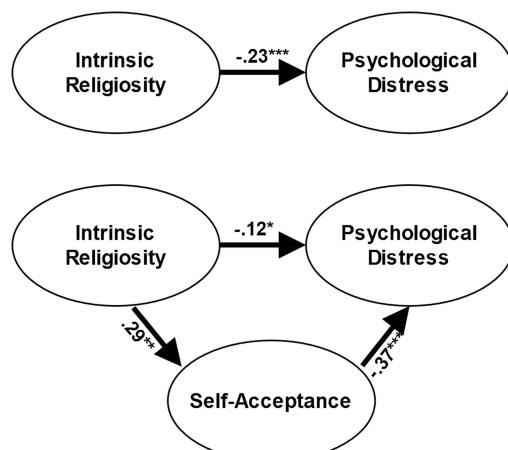
The first mediation analysis used the predictor of IR. In Step 1, the regression of IR on the psychological distress, ignoring the mediator, was significant, $b = -.23, t(158) = -4.01, p < .001$. Step 2 showed the regression of IR on the mediator,

self-acceptance (Ryff & Keyes, 1995), was also significant, $b = .29, t(105) = 3.22, p = .002$. Step 3 of the mediation process showed the mediator of self-acceptance, controlling for IR, was significant, $b = -.37, t(157) = -8.7, p < .001$. Step 4 of the analyses revealed a significant prediction model for psychological distress, $F(2, 157) = 49.70, p < .001, R^2 = .39$. In this model, while controlling for self-acceptance, IR remained a significant predictor of psychological distress, $b = -.12, t(157) = -2.56, p = .012$. There was a significant indirect effect of IR on psychological distress through self-acceptance, $ab = -.11, CI [-.19, -.04]$. The mediator of self-acceptance could account for about half of the total effect, $P_M = .46$ (Preacher & Kelley, 2011). A Sobel test found partial mediation ($z = -3.05, p = .003$). See Figure 2.

Also, given that social support was another significant predictor of psychological distress, another mediation analysis was performed to determine if self-acceptance also mediated this relationship. Using the general social support of heterosexual friends, Step 1 found the regression of social support on the psychological distress, ignoring the mediator, was significant, $b = -.14, t(153) = -3.39, p < .001$. Step 2 showed the regression of social support on the mediator, self-acceptance, was also significant, $b = .15, t(153) = 2.39, p = .018$. Step 3 of the mediation process showed the mediator of self-acceptance, controlling for social support, was significant, $b = -.37, t(153) = -9.00, p < .001$. Step 4 of

Figure 2

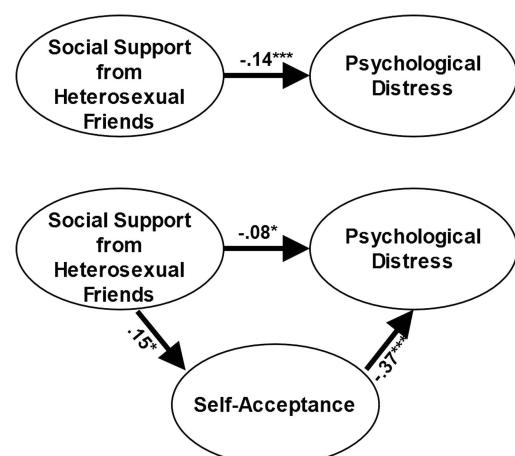
Mediation Analysis Predicting Psychological Distress by Intrinsic Religiosity as Mediated by Self-Acceptance



* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

Figure 3

Mediation Analysis Predicting Psychological Distress by Social Support of Heterosexual Friends as Mediated by Self-Acceptance



* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

the analyses revealed another significant prediction model for psychological distress, $F(2, 151) = 49.12, p < .001, R^2 = .38$. After controlling for self-acceptance, social support was still a significant predictor of psychological distress, $b = -.08, t(153) = -2.41, p = .017$, to a lesser degree. There was a significant indirect effect of social support on psychological distress through self-acceptance, $ab = -.06, CI [-.11, -.01]$. The mediator of self-acceptance could account for most of the total effect, $P_M = .41$ (Preacher & Kelley, 2011). A Sobel test found full mediation in the model ($z = -2.30, p = .022$). See Figure 3.

A similar analysis was done with OR, another significant predictor of psychological distress. In Step 1, the regression of OR on the psychological distress, ignoring the mediator, was significant, $b = -.15, t(153) = -3.32, p = .001$. Step 2 showed the regression of OR on the mediator, self-acceptance, was not significant, $b = .08, t(153) = 1.15, p = .25$, ruling out the possibility of a true mediational model. Step 3 of the mediation process showed the mediator of self-acceptance, controlling for OR, was significant, $b = -.38, t(153) = -9.42, p < .001$. Step 4 of the analyses revealed another significant prediction model for psychological distress, $F(2, 157) = 52.91, p < .001, R^2 = .40$. After controlling for

self-acceptance, OR remained a significant predictor of psychological distress, $b = -.12, t(153) = -3.26, p = .001$. A Sobel test found no mediation in this model ($z = -1.14, p = .255$).

Discussion

Research suggests that secular higher education can be a complicated environment for SM students who are navigating identity development in a largely heteronormative academic culture (Rankin et al., 2010, 2019; Woodford et al., 2014). When R/S are intentionally added to the cultural mix, especially at postsecondary faith-based institutions, the level of complexity understandably increases. This study considered the intersection of Christian R/S identity and sexual identity in explicitly faith-based institutions, anticipating that SM students were likely to experience largely negative psychological consequences at the intersection of R/S and sexual identity. Thus, finding that about half of this sample (49.4%) reported mild, or no, psychological distress was surprising, especially given that a greater proportion of these students fell into this low distress range than we find across all college campuses (CCMH, 2015).

However, this evidence does not mean that all students are doing well as might be expected

given that previous research has consistently found diversity among SM students in faith-based higher education (Stratton et al., 2013; Yarhouse et al., 2009). Like Wolff et al. (2016), the current study did find a mean of moderate distress across the entire sample, which appears to suggest most students are struggling to some extent. However, the categorical analysis further illuminates the distribution and shows only about half of the sample had moderate to high distress. In the current study, 41.3% of SMs reported moderate distress and likely would benefit from community-based support, and the final 9.4% were struggling significantly with distress and likely with diagnosable mental health concerns. Though noteworthy, both groups with moderate and high distress were smaller than is typically seen, on average, on college campuses (CCMH, 2015).

Looking more closely at levels of psychological distress, this study demonstrated that IR is a major factor for SMs at faith-based colleges and universities. IR speaks to the level of personal religious commitment or life motivation for these students. As opposed to an extrinsic faith that might be seen as a means to an end, IR assessed how central faith might be to students' worldview and even identity, and for this sample of Christian SMs, the more central the IR, or the higher the IR score, the lower the psychological distress. TCCUs will likely embrace this evidence as being supportive of their overall institutional mission—to invite all students to build their identity around an orthodox view of R/S. The hope might be to decrease psychological distress at the intersection of sexuality and faith by concentrating exclusively on R/S, even to the exception of sexuality. This simple approach to student learning and development, however, does not take into account the complexity of identity formation for sexuality in a R/S communal milieu.

The context for student formation in faith-based environments must engage the interpersonal and intrapersonal experience of students, as referenced in this study by social support and self-acceptance, respectively. When it comes to the goal of diminishing psychological distress in faith-based higher education, IR is operationalized in residential life and curricular settings with an awareness of the intrapersonal impact. As Hall et al. (2016) found in their longitudinal research with emerging adults, spiritual growth is facilitated through engaging in relationships, developing biblical and theological perspectives, and coming to terms with suffering.

These findings are helpful for offices of college student development which seek to provide optimal contexts for personal growth and identity development for all students. Moreover, they emphasize the importance of social context and relational engagement for the faith-based goals of SM students and TCCUs.

The influence of social support and self-acceptance on psychological distress among SMs at TCCUs are pivotal findings when it comes to practical application in higher education. These two features appear to provide a context for developing mature identity at the intersection of sexuality and R/S. More specifically, interpersonal support (positive relations with others), and even more powerfully, intrapersonal acceptance (positive relations with self) seem to play significant roles in the way distress is experienced and managed in the undergraduate years for these students (see also Stallman et al., 2018). Indeed, a Consensus Report of the National Academies of Sciences, Engineering, and Medicine (Herman & Hilton, 2017) emphasizes the need for higher education in the U.S. to focus on intra- and interpersonal "competencies" for college success in all students, but especially for marginalized groups. Counseling services, both on and off campuses, should consider treatment goals for psychological distress that incorporate these interpersonal and intrapersonal relational competencies.

Although a smaller overall effect than self-acceptance, the positive impact of social support with regard to psychological distress is not surprising since this interpersonal resource has proven across time in psychological research to be primary for positive coping with stressful conditions. The social support categories in previous research that carried the most weight were friendships—both relations with straight and SM peers (Yarhouse et al., 2017). Interestingly, in the current study, for these SMs at faith-based institutions, friendships with SM peers did not seem to make a significant difference in their experience of psychological distress. Engagement with SM friends was helpful, but this interpersonal support demonstrated little impact on distress management. Relations with straight peers influenced psychological distress more. Positive engagements with those who were seen as congruent with a faith-influenced, heteronormative culture helped with management of stress.

Creating a campus culture that intentionally teaches and promotes friendships for all students

during this developmental era, but particularly for those exploring identity at the intersection of sexuality and R/S, should be a strategic and tactical goal for all TCCUs (see [Austin, 2020; Hill, 2015](#) for expanded discussion of friendship and SMs in Christian community). Eliminating microaggressions in college and universities, though a worthy goal, may not be sufficient for addressing the context for psychological distress of SMs. Developing a “friendship culture” to enhance and increase microaffirmational exchanges for all students may be a significant advance for SMs and their learning and developmental goals ([Stratton et al., 2019](#)). [Rowe \(2008\)](#) described microaffirmations as “small acts which are often ephemeral and hard-to-see, events that are public and private, often unconscious but very effective, which occur wherever people wish to help others to succeed. Micro-affirmations are tiny acts of opening doors to opportunity, gestures of inclusion and caring, and graceful acts of listening” (p. 46). For those who counsel SM students at TCCUs, increased awareness is needed about the significance of secure friendship networks that strategically include straight and SM peers.

As important as social support was for SM student distress in this study, even more significant for the experience and management of psychological distress was intrapersonal acceptance (see also [Vincke & Bolton, 1994](#)). In fact, self-acceptance was a full mediator of the social support experience for Christian SMs. It was the impact of self-acceptance on the student’s intrapersonal experience that appears to determine how effective interpersonal support will be in the higher educational community. Learning how to be self-accepting, while living in an acknowledged assimilating culture, turned out to be essential to managing the identity developmental stress load for these undergraduates.

This study demonstrated that more research is essential to explore the complex experience of self-acceptance with diverse religious and/or spiritual SMs. For all persons, self-acceptance in R/S is a negotiated intrapersonal (as well as interpersonal) experience, as devotees negotiate the dual reality of being a person of esteemed worth or value who often does not measure up to high R/S ideals for attitude and behavior. Self-acceptance at the intersection of sexuality and faith for these Christian students appeared to involve more negotiation than simply the avoidance of internalized

homonegativity, active integration into LGBTQ+ culture, or courageously “coming out” ([Berg et al., 2015; Woodford et al., 2014](#)). For some Christian SMs, growth toward proscribed outcomes, such as these, can provide a foundation for internal congruence and self-acceptance. For other diverse students who hold R/S values as core to their self-image (higher IR), they may want to grow toward an even more complex integration that affirms a high value of self, while acknowledging aspects of self that are undeveloped or are not acceptable to their faith. For this sample of SMs, the results suggested that, without question, relationships matter in negotiating a self-accepting identity, but in this sample, gay-affirming beliefs were not required for, or even correlated with, self-acceptance in all students.

Self-acceptance is integral to management of psychological distress as a partial mediator of IR. This finding indicates that IR does contribute more than its influence on self-acceptance alone, and future research using more robust measures of R/S is warranted, especially given the significance of IR’s impact on the intrapersonal experience of SM students in faith-based settings. Higher levels of IR predict better psychological health in general, but this study showed that self-acceptance remained one of the major mechanisms by which this happens. In other words, as a students’ faith contributes to their self-acceptance, students will likely experience better psychological health. For clinicians working with SM students in TCCUs, a vision of psychological health requires a developmental approach that accepts the complexity of this intersection and avoids the temptation of settling for affirmation of one over the other. There may be multiple paths for Christian SMs to develop self-acceptance, while maintaining a healthy hold on their religion and spirituality and their sexuality ([Stratton et al., 2019](#)).

Limitations

Limitations to this study include the size, diversity, and convenience nature of the sample. While the invitation to participate was shared with entire campus communities, which is more inclusive sampling than typically found in such research (e.g., [Effrig et al., 2014; Wolff et al., 2016](#)), only some colleges and universities agreed to participate, and only some of their students decided to participate themselves. Most nonparticipating TCCUS merely failed to

respond; others indicated varied reasons for non-participation, including poor timing due to other campus assessments, concern about how findings would be utilized, the extra time required to work with their own institutional review boards, the lack of someone willing to pursue this, and others.

Regarding students, previous research with SM students at TCCUs depended on these students' connections with particular entities on campus. For example, in the Wolff et al. (2016) study, students were recruited through SM and religious organizations, professional colleagues, SM student groups, and social media and newspapers. And, in the Effrig et al. (2014) and the McAleavy et al. (2011) studies, students were recruited through clinical samples only. In the current study, all students at the participating TCCUs were contacted via email with a clear statement indicating their participation would be confidential and never shared with their institutions. However, students still would have had to check their emails, which many college students report not doing regularly, and then they would have to have both desire and time to complete the survey without any incentives being given. Thus, participating students likely were highly motivated to participate in this particular study.

Also, the obtained sample was largely Caucasian and may not represent the additional complexity that exists when race or ethnicity is added to the intersection of sexuality and R/S. Even so, the current sample was larger and more nationally diverse than found in most research with Christian SMs. In addition, the mix of classifications showed that a higher percentage were classified as undergraduate junior and seniors (mean age = 21.4), suggesting that we have a more mature group and potentially ones who have persisted at their institution.

A significant difference between this study and previous studies of SMs at Christian college campuses was the lack of anonymity to participate in this study. It is unclear whether respondents would be representative of students who did not wish to share their identity or of SM students more broadly. Even so, results were largely similar to those in previous studies in which participants were completely anonymous (Effrig et al., 2014; McAleavy et al., 2011; Stratton et al., 2013; Wolff et al., 2016; Yarhouse et al., 2009); however, some of that earlier research did not measure psychological distress.

Conclusion

The findings from the present study suggest that SM students who also identify as religious face unique challenges while being a part of faith-based college campus communities. SM students are navigating R/S aspects of their identity as well as same-sex sexuality in a campus setting in which specific behavior proscriptions are present. These conditions for identity development appear to be experienced differently by SM students who are not monolithic but diverse in the way they approach R/S and sexuality. Our findings that about half of this sample reported no or only mild psychological distress was unexpected given the prevailing view that such campuses must be difficult settings for SMs. IR and social support remain important to SM students at Christian colleges, while self-acceptance is seen to play a prominent role in the way psychological distress is experienced and managed. Future research could further examine the apparent gap between private identity and public identity among SM at TCCUs, as there may be multiple and diverging motivations for identity presentations and resolutions of religious and sexual identities. More research also is needed to understand the complexities of self-acceptance for SMs in R/S communities, which according to their faith traditions often call persons to traditional forms of self-denial as well as self-discovery.

References

- Altman, D., Aggleton, P., Williams, M., Kong, T., Reddy, V., Harrad, D., Reis, T., & Parker, R. (2012). Men who have sex with men: Stigma and discrimination. *The Lancet*, 380(9839), 439–445. [https://doi.org/10.1016/S0140-6736\(12\)60920-9](https://doi.org/10.1016/S0140-6736(12)60920-9)
- Arnett, J. J. (2000). Emerging adulthood. A theory of development from the late teens through the twenties. *American Psychologist*, 55, 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>
- Austin, V. L. (2020). *Friendship: The heart of being human*. Brazos.
- Azmitia, M., Syed, M., & Radmacher, K. (2013). Finding your niche: Identity and emotional support in emerging adults' adjustment to the transition to college. *Journal of Research on Adolescence*, 23, 744–761. <https://doi.org/10.1111/jora.12037>
- Barnes, D. M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *American Journal of Orthopsychiatry*, 82(4), 505–515. <https://doi.org/10.1111/j.1939-0025.2012.01185.x>

Berg, R. C., Weatherburn, P., Ross, M. W., & Schmidt, A. J. (2015). The relationship of internalized homonegativity to sexual health and well-being among men in 38 European countries who have sex with men. *Journal of Gay & Lesbian Mental Health*, 19(3), 285–302. <https://doi.org/10.1080/19359705.2015.1024375>

Center for Collegiate Mental Health. (2015). *CCAPS 2015 technical manual*. Penn State University.

Chestna, C. M. (2016). Undergraduate Catholic lesbians: The intersection of religious and sexual aspects of identity [ProQuest Information & Learning] [E]. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 77(4-B).

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Earlbaum.

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64(3), 170–180. <https://doi.org/10.1037/a0014564>

Coley, J. S. (2018). Theologies of exclusion: Christian universities and discrimination against sexual minorities. *Sociological Spectrum*, 38(6), 422–437. <https://doi.org/10.1080/02732173.2018.1564097>

Craig, S. L., Austin, A., Rashidi, M., & Adams, M. (2017). Fighting for survival: The experiences of lesbian, gay, bisexual, transgender, and questioning students in religious colleges and universities. *Journal of Gay & Lesbian Social Services: The Quarterly Journal of Community & Clinical Practice*, 29(1), 1–24. <https://doi.org/10.1080/10538720.2016.1260512>

D'Augelli, A. R. (2002). Mental health problems among lesbian, gay, and bisexual youths ages 14 to 21. *Clinical Child Psychology and Psychiatry*, 7(3), 433–456. <https://doi.org/10.1177/1359104502007003039>

D'Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly*, 17(2), 148–167. <https://doi.org/10.1521/scpq.17.2.148.20854>

Diamond, L. M. (2007). *Natural fluidity*. Harvard University Press.

Díaz, R. M., Ayala, G., Bein, E., Henne, J., & Marin, B. V. (2001). The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 US cities. *American Journal of Public Health*, 91, 927–932. <https://doi.org/10.2105/AJPH.91.6.927>

Effrig, J. C., Maloch, J. K., McAleavey, A., Locke, B. D., & Bieschke, K. J. (2014). Change in depressive symptoms among treatment-seeking college students who are sexual minorities. *Journal of College Counseling*, 17(3), 271–285. <https://doi.org/10.1002/j.2161-1882.2014.00063.x>

Foster, M. L., Arnold, E., Rebchook, G., & Kegeles, S. M. (2011). 'It's my inner strength': Spirituality, religion and HIV in the lives of young African American men who have sex with men. *Culture, Health & Sexuality*, 13(9), 1103–1117. <https://doi.org/10.1080/13691058.2011.600460>

Haldeman, D. C. (2004). When sexual and religious orientation collide: Considerations in working with conflicted same-sex attracted male clients. *The Counseling Psychologist*, 32(5), 691–715. <https://doi.org/10.1177/001100004267560>

Hall, T. W., Edwards, E., & Wang, D. C. (2016). The spiritual development of emerging adults over the college years: A 4-year longitudinal investigation. *Psychology of Religion and Spirituality*, 8(3), 206–217. <https://doi.org/10.1037/rel0000051>

Hayes, A. F. (2012). *PROCESS: A versatile computational tool for observed variable mediation, moderation, and conditional process modeling*. <http://www.afhayes.com/public/process2012.pdf>

Herman, J., & Hilton, M. (Eds.) (2017). *Supporting student's college success: The role of assessment of intrapersonal and interpersonal competencies*. The National Academies Press.

Hershberger, S. L., & D'Augelli, A. R. (1995). The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Developmental Psychology*, 31, 65–74. <https://doi.org/10.1037/0012-1649.31.1.65>

Hill, W. (2015). *Spiritual friendship: Finding love in the church as a celibate gay Christian*. Brazos Press.

Hong, J. S., Woodford, M. R., Long, L. D., & Renn, K. A. (2016). Ecological covariates of subtle and blatant heterosexist discrimination among LGBQ college students. *Journal of Youth and Adolescence*, 45(1), 117–131. <https://doi.org/10.1007/s10964-015-0362-5>

Jones, S. L., & Yarhouse, M. A. (2007). *Ex-gays? A longitudinal study of religiously-mediated change in sexual orientation*. InterVarsity Press Academic.

Joseph, L. J., & Cranney, S. (2017). Self-esteem among lesbian, gay, bisexual and same-sex-attracted Mormons and ex-Mormons. *Mental Health, Religion & Culture*, 20(10), 1028–1041. <https://doi.org/10.1080/13674676.2018.1435634>

Katz-Wise, S. L., Rosario, M., Calzo, J. P., Scherer, E. A., Sarda, V., & Austin, S. B. (2017). Associations of timing of sexual orientation developmental milestones and other sexual minority stressors with internalizing mental health symptoms among sexual minority young adults. *Archives of Sexual Behavior*, 46(5), 1441–1452. <https://doi.org/10.1007/s10508-017-0964-y>

Koenig, H. G., Meador, K. G., & Parkerson, G. (1997). Religion index for psychiatric research. *The American Journal of Psychiatry*, 154, 885–886. <https://doi.org/10.1176/ajp.154.6.885b>

Kroger, J., & Marcia, J. E. (2011). The identity statuses: Origins, meanings, and interpretations.

In S. J. Schwartz, K. Luyckx, & V. V. Vignoles (Eds.), *Handbook of identity theory and research* (Vol. 1 & 2, pp. 31–53). Springer. https://doi.org/10.1007/978-1-4419-7988-9_2

Lauricella, S. K., Phillips, R. E., III, & Dubow, E. F. (2017). Religious coping with sexual stigma in young adults with same-sex attractions. *Journal of Religion and Health*, 56(4), 1436–1449. <https://doi.org/10.1007/s10943-017-0374-4>

Lefevor, G. T., Janis, R. A., & Park, S. Y. (2017). Religious and sexual identities: An intersectional, longitudinal examination of change in therapy. *The Counseling Psychologist*, 45(3), 387–413. <https://doi.org/10.1177/0011100001770271>

Lilgndahl, J. P., & McLean, K. C. (2019). Narrative identity processes and patterns of adjustment across the transition to college: A developmentally contextualized approach. *Journal of Personality and Social Psychology*, 119(4), 960–977. <https://doi.org/10.1037/pspp0000277>

Locke, B. D., McAleavy, A. A., Zhao, Y., Lei, P.-W., Hayes, J. A., Castonguay, L. G., Li, H., Tate, R., & Lin, Y.-C. (2012). Development and initial validation of the Counseling Center Assessment of Psychological Symptoms-34 (CCAPS-34). *Measurement and Evaluation in Counseling and Development*, 45, 151–169. <https://doi.org/10.1177/0748175611432642>

Luhmann, M., Lucas, R. E., Eid, M., & Diener, E. (2013). The prospective effect of life satisfaction on life events. *Social Psychological and Personality Science*, 4, 39–45. <https://doi.org/10.1177/1948550612440105>

Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., Thoma, B. C., Murray, P. J., D'Augelli, A. R., & Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *The Journal of Adolescent Health*, 49(2), 115–123. <https://doi.org/10.1016/j.jadohealth.2011.02.005>

McAleavy, A. A., Castonguay, L. G., & Locke, B. D. (2011). Sexual orientation minorities in college counseling: Prevalence, distress, and symptom profiles. *Journal of College Counseling*, 14(2), 127–142. <https://doi.org/10.1002/j.2161-1882.2011.tb00268.x>

McDermott, E., Hughes, E., & Rawlings, V. (2018). Norms and normalization: Understanding lesbian, gay, bisexual, transgender and queer youth, suicidality and help-seeking. *Culture, Health & Sexuality*, 20(2), 156–172. <https://doi.org/10.1080/13691058.2017.1335435>

McLean, K. C., Pasupathi, M., & Pals, J. L. (2007). Selves creating stories creating selves: A process model of self-development. *Personality and Social Psychology Review*, 11(3), 262–278. <https://doi.org/10.1177/1088868307301034>

Meanley, S., Pingel, E. S., & Bauermeister, J. A. (2016). Psychological well-being among religious and spiritual-identified young gay and bisexual men. *Sexuality Research & Social Policy: A Journal of the NSRC*, 13(1), 35–45. <https://doi.org/10.1007/s13178-015-0199-4>

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38–56. <https://doi.org/10.2307/2137286>

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

Meyer, I. H., Ouellette, S. C., Haile, R., & McFarlane, T. A. (2011). ‘We’d be free’: Narratives of life without homophobia, racism, or sexism. *Sexuality Research & Social Policy: A Journal of the NSRC*, 8(3), 204–214. <https://doi.org/10.1007/s13178-011-0063-0>

Nadal, K. L., Wong, Y., Issa, M., Meterko, V., Leon, J., & Wideman, M. (2011). Sexual orientation microaggressions: Processes and copying mechanisms for lesbian, gay, and bisexual individuals. *Journal of LGBT Issues in Counseling*, 5, 21–46. <https://doi.org/10.1080/15538605.2011.554606>

O'Donnell, L., O'Donnell, C., Wardlaw, D. M., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. *American Journal of Community Psychology*, 33, 37–49. c56wsf

Page, M. J. L., Lindahl, K. M., & Malik, N. M. (2013). The role of religion and stress in sexual identity and mental health among lesbian, gay, and bisexual youth. *Journal of Research on Adolescence*, 23(4), 665–677. <https://doi.org/10.1111/jora.12025>

Pascarella, E., & Terenzini, P. (2005). *How college affects students: A third decade of research* (Vol. 2). JosseyBass.

Pitt, R. (2010). “Still looking for my Jonathan”: Gay black men’s management of religious and sexual identity conflicts. *Journal of Homosexuality*, 57(1), 39–53. <https://doi.org/10.1080/00918360903285566>

Plante, T. G., Vallaey, C. L., Sherman, A. C., & Wallston, K. A. (2002). The development of a brief version of the Santa Clara Strength of Religious Faith Questionnaire. *Pastoral Psychology*, 50, 359–368. <https://doi.org/10.1023/A:1014413720710>

Preacher, K. J., & Kelley, K. (2011). Effect size measures for mediation models: Quantitative strategies for communicating indirect effects. *Psychological Methods*, 16(2), 93–115. <https://doi.org/10.1037/a0022658>

Quinn, K., Dickson-Gomez, J., & Kelly, J. A. (2016). The role of the Black Church in the lives of young Black men who have sex with men. *Culture, Health & Sexuality*, 18(5), 524–537. <https://doi.org/10.1080/13691058.2015.1091509>

Rankin, S., Garvey, J. C., & Duran, A. (2019). A retrospective of LGBT issues on U.S. college campuses:

1990–2020. *International Sociology*, 34(4), 435–454. <https://doi.org/10.1177/0268580919851429>

Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). *2010 state of higher education for lesbian, gay, bisexual, and transgender people*. Campus Pride.

Ream, G. L. (2001, August 24–28). *Intrinsic religion and internalized homophobia in sexual-minority youth* [Paper presentation]. American Psychological Association 109th annual conference, San Francisco, CA.

Ream, G. L., & Savin-Williams, R. C. (2005). Reconciling Christianity and positive non-heterosexual identity in adolescence, with implications for psychological well-being. *Journal of Gay & Lesbian Issues in Education*, 2(3), 19–36. https://doi.org/10.1300/J367v02n03_03

Rosenkrantz, D. E., Rostosky, S. S., Riggle, E. D. B., & Cook, J. R. (2016). The positive aspects of intersecting religious/spiritual and LGBTQ identities. *Spirituality in Clinical Practice*, 3(2), 127–138. <https://doi.org/10.1037/scp0000095>

Rowe, M. (2008). Micro-affirmations and micro-inequities. *Journal of the International Ombudsman Association*, 1, 45–48.

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346–352. <https://doi.org/10.1542/peds.2007-3524>

Ryff, C. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>

Ryff, C., & Keyes, C. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727. <https://doi.org/10.1037/0022-3514.69.4.719>

Savin-Williams, R. C., & Cohen, K. M. (2004). Homoerotic development during childhood and adolescence. *Child and Adolescent Psychiatric Clinics of North America*, 13(3), 529–549. <https://doi.org/10.1016/j.chc.2004.02.005>

Savin-Williams, R., & Diamond, L. (2000). Sexual identity trajectories among sexual-minority youths: Gender comparisons. *Archives of Sexual Behavior*, 29(6), 607–627. <https://doi.org/10.1023/A:1002058505138>

Schuck, K. D., & Liddle, B. J. (2001). Religious conflicts experienced by lesbian, gay, and bisexual individuals. *Journal of Gay & Lesbian Psychotherapy*, 5(2), 63–82. https://doi.org/10.1300/J236v05n02_07

Silenzio, V. M. B., Pena, J. B., Duberstein, P. R., Cerel, J., & Knox, K. L. (2007). Sexual orientation and risk factors for suicidal ideation and suicide attempts among adolescents and young adults. *American Journal of Public Health*, 97(11), 2017–2019. <https://doi.org/10.2105/AJPH.2006.095943>

Stallman, H. M., Ohan, J. L., & Chiera, B. (2018). The role of social support, being present and self-kindness in university student well-being. *British Journal of Guidance & Counselling*, 46(4), 365–374. <https://doi.org/10.1080/03069885.2017.1343458>

Storch, E. A., Roberti, J. W., Heidgerken, A. D., Storch, J. B., Lewin, A. B., Killiany, E. M., Baumeister, A. L., Bravata, E. A., & Geffken, G. R. (2004). The Duke Religion Index: A psychometric investigation. *Pastoral Psychology*, 53, 175–181. <https://doi.org/10.1023/B:PASP.0000046828.94211.53>

Stratton, S. P., Dean, J. B., Yarhouse, M. A., & Lastoria, M. D. (2013). Sexual minorities in faith-based higher education: A national survey of attitudes, milestones, identity, and religiosity. *Journal of Psychology and Theology*, 41(1), 3–23. <https://doi.org/10.1177/009164711304100101>

Stratton, S. P., Reed, J. L., Dean, J. B., Yarhouse, M. A., Bledsoe, K., Dillon, C., Price, D., Sipe, A., & Sadusky, J. (2019, November). *The impact of micro-affirmations on a sample of sexual minority students in faith-based higher education* [Session]. In Kentucky Counseling Association conference, Louisville, KY.

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation*. Wiley.

Szymanski, D. M. (2009). Examining potential moderators of the link between heterosexist events and gay and bisexual men's psychological distress. *Journal of Counseling Psychology*, 56, 142–151. <https://doi.org/10.1037/0022-0167.56.1.142>

Szymanski, D. M., & Carretta, R. F. (2019). Religious-based sexual stigma and psychological health: Roles of internalization, religious struggle, and religiosity. *Journal of Homosexuality*, 67(8), 1062–1080. <https://doi.org/10.1080/00918369.2019.1601439>

van Bergen, D. D., & Spiegel, T. (2014). 'Their words cut me like a knife': Coping resources of Dutch lesbian, gay and bisexual youth to stigma. *Journal of Youth Studies*, 17(10), 1346–1361. <https://doi.org/10.1080/13676261.2014.918249>

Vincke, J., & Bolton, R. (1994). Social support, depression, and self-acceptance among gay men. *Human Relations*, 47(9), 1049–1062. <https://doi.org/10.1177/001872679404700902>

Waldo, C. R., Hesson-McInnis, M. S., & D'Augelli, A. R. (1998). Antecedents and consequences of victimization of lesbian, gay, and bisexual young people: A structural model comparing rural university and urban samples. *American Journal of Community Psychology*, 26, 307–334. <https://doi.org/10.1023/A:1022184704174>

Watson, K., Campbell, M., Yarhouse, M. A., & Doolin, H. (2012, March). *Occurrence of sexual orientation microaggressions on Christian college campuses* [Poster presentation]. Christian Association for psychological studies annual convention. Washington, DC.

Wentz, J., & Wessel, R. D. (2011). The intersection of gay and Christian identities on Christian college campuses. *Journal of College and Character*, 12, 1–6. <https://doi.org/10.2202/1940-1639.1789>

Wilkinson, L., & Pearson, J. (2009). School culture and the well-being of same-sex-attracted youth. *Gender & Society*, 23(4), 542–568. <https://doi.org/10.1177/0891243209339913>

Wolff, J. R., & Himes, H. L. (2010). The purposeful exclusion of sexual minority youth in religious higher education: The implications of discrimination. *Christian Higher Education*, 9, 439–460. <https://doi.org/10.1080/15363759.2010.513630>

Wolff, J. R., Himes, H. L., Soares, S. D., & Miller Kwon, E. (2016). Sexual minority students in non-affirming religious higher education: Mental health, outness, and identity. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 201–212. <https://doi.org/10.1037/sgd0000162>

Woodford, M. R., Kulick, A., Sinco, B. R., & Hong, J. S. (2014). Contemporary heterosexism on campus and psychological distress among LGBQ students: The mediating role of self-acceptance. *American Journal of Orthopsychiatry*, 84(5), 519–529. <https://doi.org/10.1037/ort0000015>

Woodyard, J. L., Peterson, J. L., & Stokes, J. P. (2000). "Let us go into the house of the Lord": Participation in African American churches among young African American men who have sex with men. *Journal of Pastoral Care*, 54(4), 451–460. <https://doi.org/10.1177/002234090005400408>

Yarhouse, M. A. (2001). Sexual identity development: The influence of evaluative frameworks on identity synthesis. *Psychotherapy: Theory, Research, Practice, Training*, 38(3), 331–341. <https://doi.org/10.1037/0033-3204.38.3.331>

Yarhouse, M. A., Dean, J. B., Stratton, S. P., & Lastoria, M. (2018). *Listening to sexual minorities: A study of faith and sexual identity on Christian college campuses*. Intervarsity Press.

Yarhouse, M. A., Dean, J. B., Stratton, S. P., Lastoria, M., & Bucher, E. (2017). A survey of sexual minorities who attend faith-based institutions of higher education. *Growth: The Journal of the Association for Christians in Student Development*, 16, 20–38.

Yarhouse, M. A., Stratton, S. P., Dean, J. B., & Brooke, H. L. (2009). Listening to sexual minorities on Christian college campuses. *Journal of Psychology and Theology*, 37(2), 96–113. <https://doi.org/10.1177/009164710903700202>

Yip, A. K. T. (1998). Gay male Christians' perceptions of the Christian community in relation to their sexuality. *Theology and Sexuality*, 1998(8), 40–51. <https://doi.org/10.1177/135583589800400804>

Yip, A. K. T. (2004). Same-Sex marriage: Contrasting perspectives among lesbian, gay and bisexual Christians. *Feminism & Psychology*, 14(1), 173–180. <https://doi.org/10.1177/0959353504040320>

Received June 15, 2020

Revision received October 21, 2020

Accepted November 17, 2020 ■